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APPLICANTS

William J. Boyle, Fallbrook, CA;
 Benjamin C. Huter, Murrieta, CA;
 John E. Papp, Temecula, CA; Jack Sahakian, Escondido, CA;
 Richard S. Stack, Chapel Hills, NC;

** CONTINUING DATA *****
 NONE

** FOREIGN APPLICATIONS *****
 NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 09/15/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>		

Verified and Acknowledged

ADDRESS
 24201
 FULWIDER PATTON
 6060 CENTER DRIVE
 10TH FLOOR
 LOS ANGELES, CA
 90045

TITLE
 Convertible delivery systems for medical devices

FILING FEE RECEIVED 1878	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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